PUBLIC UTILITY LICENSE APPLICATION Date App Rec'd Date Proc'd Initials

City of Succession Control Contr		\$10 FEE						- 65							
SECTION I, BUSINESS INFORMATION Please complete all sections below. Print	TUESON													726** (520) 791-4566	
New Business Date Districts Date Business Started in Tucsion Promotions Provided City Licenses # (if applicable) Date of Change Date Date Of Date Of Change D	LIC#				Activ	rities			S	SIC(s)					
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INSTRUCTIONS FOR COMPLETING PUBLIC UTILITY LICENSE APPLICATION

Please complete all sections starting with Section I.

Section I: Business Information

Check Boxes

Put a check in any of the boxes in the first 2 lines that apply to your business. Each block in the next 2 lines is self-explanatory and requires a check in the appropriate box or information.

Business Name

The business name should be the DBA (Doing Business As) or if you are not using a business name, the name of the owner.

Business Location Address

The address listed is your business location address. Include suite, unit, or apartment numbers. P.O. Box numbers are not accepted for business location.

Business Telephone

The telephone # listed here should correspond to the business location.

Fax Number

Provide the fax # for the person who should receive inquiries concerning this application.

E-mail Address

Provide the E-mail address for the person who should receive inquiries concerning this application.

State Tax License

List your Arizona State privilege tax number if you are required to have one.

Federal ID

Corporations or businesses with employees should provide Federal Tax Identification Number. Individual owners or partnerships without employees should use their social security number(s).

Section II: Mailing Address And Telephone Number

Name

List business legal entity name if different from Section I, or "In-Care-Of" name or information. Property managers or independent tax preparers who will be receiving returns should list their name here.

Mailing Address

Provide the mailing address. Note: business license and tax billings will be sent to this address. Please include suite, unit, or apartment numbers.

Telephone Number

Provide the telephone number that corresponds to the mailing location.

Section III. Business Ownership And Record Location

Ownership

Please indicate the type of ownership. If you mark "other" please describe. All corporations must provide: State in which incorporated, State Incorporation #, officers' names and addresses (at least 2) and statutory agent information. A (LLC) Limited Liability Corporation must have at least 1 member. General partnerships must provide the names of the general partner(s).

Owners/Partners/LLC Members Or Officers

List complete owner/officer/partner information as requested. Include names and titles. P.O. Box numbers are not acceptable for home addresses.

Corporation Name If Different From DBA

The corporation name, if applicable.

Location Where Business Records Are Kept

Complete this section if business records are not kept at the location listed in Section I.

Section IV: Business Type

Describe Nature Of Business

Provide a detailed description of business activity.

Check Method You Will Use Submitting Reports

Mark cash receipts if you recognize income and expense based upon the date you receive funds or pay bills. Mark accrual method if you recognize income when earned and expenses when incurred regardless of when cash is received or disbursed.

Section V: Business Premises Status

Ownership Of Business Location

Please indicate whether or not you own your business location. If you answer "No", please provide the name of the legal owner or property manager along with their mailing address and telephone number.

Application & License Fees

All applications must include a \$10 application fee.

All applications MUST be signed by either the Sole Owner, All Partners, One Corporate Officer, the Trustee or General Partner.